



Docket No.: WO-BSX 233

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Maria Palasis

Application No.: 10/623,205

Confirmation No.: 2843

Filed: July 18, 2003

Art Unit: 1651

For: CELL THERAPY FOR REGENERATION

Examiner: V. AFREMOVA

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

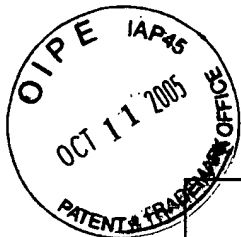
MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 13, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



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AMENDMENT TRANSMITTAL LETTER				Docket No. WO-BSX 233																																											
Application No. 10/623,205		Filing Date July 18, 2003		Examiner V. Afremova																																											
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Applicant(s): Maria Palasis																																															
Invention: CELL THERAPY FOR REGENERATION																																															
<p align="center">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td align="center">45</td><td align="center">- 45 =</td><td align="center">0</td><td align="center">x</td><td></td></tr><tr><td>Independent Claims</td><td align="center">3</td><td align="center">- 3 =</td><td align="center">0</td><td align="center">x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify): Extension of time request</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td align="right">0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>120.00</u> to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0624</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <div><div> Mary Anne Schofield Attorney Reg. No.: 36,669</div><div>Date: <u>October 11, 2005</u></div></div> <p>FULBRIGHT & JAWORSKI L.L.P. 801 Pennsylvania Av., NW Washington, DC 20004-2623 (202) 662-0200 (202) 662-4643 (Fax)</p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	45	- 45 =	0	x		Independent Claims	3	- 3 =	0	x		Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>						Other fee (please specify): Extension of time request						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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